

APPLICATION DATA SHEET

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification:: 514
Suggested Group Art Unit:: 1627
CD-ROM or CD-R?: None
Title:: TREATMENT OF INFLAMMATION AND
INFLAMMATION-RELATED DISORDERS
WITH A COMBINATION OF A
CYCLOOXYGENASE-2 INHIBITOR AND
A LEUKOTRIENE B4 RECEPTOR
ANTAGONIST
Attorney Docket Number:: 2891/3 (PHA 4142.2)
Request for Early Publication?: No
Request for Non-Publication?: No
Small Entity?: No
Secrecy Order in Parent?: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Peter
Middle Name:: C.
Family Name:: Isakson
City of Residence:: Morristown
State or Province of Residence:: NJ
Country of Residence:: US
Street of Mailing Address:: 11 East Cove Land
City of Mailing Address:: Morristown
State or Province of Mailing
Address:: NJ

Postal Code of Mailing Address:: 07960

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gary
Middle Name:: D.
Family Name:: Anderson
City of Residence:: Maryland Heights
State or Province of Residence:: MO
Country of Residence:: US
Street of Mailing Address:: 1885 McKelvey Hill Dr., Apt.
311
City of Mailing Address:: Maryland Heights
State or Province of Mailing
Address:: MO
Postal Code of Mailing Address:: 63043

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Susan
Middle Name:: A.
Family Name:: Gregory
City of Residence:: University City
State or Province of Residence:: MO
Country of Residence:: US
Street of Mailing Address:: 8136 Cornell Court
City of Mailing Address:: University City
State or Province of Mailing
Address:: MO
Postal Code of Mailing Address:: 63167

Correspondence Information

Correspondence Customer Number:: 000321

Representative Information

Representative Customer Number:: 000321

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	08/661,641	06/11/96
08/661,641	Continuation- in-Part of	08/489,415	06/12/95

Assignee Information

Assignee Name:: Pharmacia Corporation